

Spouse/Dependent Debit Card Request Form

FSA/DCA Reimbursement Account
INSTRUCTIONS: Please complete this form ONLY for spouse and/or any dependents needing a personalized debit card. All debit cards will be linked to the same account. Once form is complete, fax to 866-254-1927 or mail to 1Point Solutions, PO Box 1558, Dickson TN 37056. IF YOUR SPOUSE/DEPENDENTS DO NOT NEED A DEBIT CARD, THEN DISREGARD THIS FORM.

Participant Info Participant Name		Social Security Number		
Tattopan Namo		Goodal Goodiny Humbol		
ADDRESS Street	City		State	Zip
Phone Number		E-mail		
() -				
Employer				
2. Spouse Info				
Spouse Name		Social Security Number		
ADDRESS Street	City		State	Zip
3. Dependent(s) Info				
Dependent Name	Social Security Number		Birth date (MM/DD/YY)	
ADDRESS Street	City		State	Zip
Dependent Name	Social Security Number		Birth date (MM/DD/YY)	
ADDRESS Street	City		State	Zip
ADDICESS Street	City		State	ΣΙΡ
Dependent Name	Social Security Numb	nor .	Birth date (MM/DD/YY)	
Depondent Name	Goolar Geodiny Numb		Birtir date (WW/DB/11)	
ADDRESS Street	City		State	Zip
Dependent Name	Social Security Numb	per	Birth date (MM/DD/YY)	
ADDRESS Street	City		State	Zip
4. Signatures				
Participant Signature			Date	
<u></u>				

Date

Spouse Signature